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007663

7590

01/25/2002

STETINA BRUNDA GARRED & BRUCKER
 75 ENTERPRISE, SUITE 250
 ALISO VIEJO, CA 92656

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Colleen Tyler

(Depositor's name)

(Signature)

February 19, 2002

(Date)

03/06/2002 BSAYAS12 00000141 09144398

01 FC:242

640.00 OP

02 FC:561

30.00 OP



APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/144,398	03/31/1998	THOMAS C. KURACINA	002933.P001C	4788

TITLE OF INVENTION: NEEDLE TIP GUARD FOR HYPODERMIC NEEDLES

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
13	nonprovisional	YES	\$640	\$0	\$640	04/25/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
MENDEZ, MANUEL A	3763	604-192000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Stetina Brunda
Garred & Brucker
 2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

INJECTIMED, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ventura, California, United States

Please check the appropriate assignee category or categories (will not be printed on the patent)

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-4330 (enclose an extra copy of this form).

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(Authorized Signature)

(Date) 2/19/02

(Matthew A. Newboles)

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